



Incident Report

Print Date/Time: 12/22/2016 11:47
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00025267

Incident Date/Time: 12/19/2016 3:53:00 PM
Location: 94TH DR SE / 16TH PL SE
LAKE STEVENS WA 98258
Phone Number: (425) 551-0603
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call: POSTED TO CITY WEBSITE

Unit/Personnel

Unit	Personnel
1948	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WOODS, ROBERT		(425) 551-0603			
1	Involved Party	LEONCAVALLO-FLEMING, IAN GEORGE	1417 94TH DR SE Lake Stevens WA 982586620	(425) 737-3310	White	Male	04/09/1995

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2000	Ford	PU		B45481Z	WA
Involved Vehicle	Passenger Car	2001	Oldsmobile	Alero	Gold	AXW9644	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

12/19/2016 : 16:47:20 ss0138 Narrative: Driver did not appear under influence, appears speed was main factor. Neighbor has video cameras which I will follow up with. Driver is known to LE and Fire and has Scizophrenia and other mental health issues.

12/19/2016 : 16:25:34 SP0386 Narrative: SVR Notes: DICKS TOWING ER

12/19/2016 : 16:23:57 SP0386 Narrative: SVR Notes: ANGEL TOWING NOT AVAIL

12/19/2016 : 16:02:58 SP0386 Narrative: REQ AID FOR EVAL, MALE CABN, AIRBAG DEPLOYMENT

12/19/2016 : 15:58:04 SP0422 Narrative: AA

12/19/2016 : 15:56:53 SP0413 Narrative: THIS RP PAMELA SAUNDERS 520-403-1985, LR413

12/19/2016 : 15:56:13 SP0413 Narrative: GOLD PC L/AXW9644 OCC BY M DRIVER

12/19/2016 : 15:55:58 SP0413 Narrative: MAR F250 PU VS GOLD OLDMOBILE PC, GOLD PC TRYING TO LEAVE, RP THINKS HBD

12/19/2016 : 15:55:11 SP0325 Narrative: LR325

12/19/2016 : 15:55:09 SP0413 Narrative: INVOLVED PARTY CALLING IN, SAYING NON INJ, VEH INTO PARKED VEH

12/19/2016 : 15:54:53 SP0325 Narrative: POSS VEH WENT OFF RD AND HIT A PARKED CAR, ND, RP CAN'T SEE IT

12/19/2016 : 15:54:18 SP0325 Narrative: 2 VEHS UNK INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E623026**CASE # **2016-00025267**LOCAL AGENCY
CODING **0311900**TOTAL # OF
UNITS **03** OBJECT
STRUCK **TREE OR STUMP**TRIBAL
RESERVATIONDATE OF COLLISION **12** - **19** - **2016** TIME (2400) **1554** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
94TH DR SE BLOCK NO. ☒ **1600**
MILE POSTDISTANCE **16TH PL SE** OF (REFERENCE OR CROSS STREET)
MILES **N** **E** **S** **W**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONELAST NAME **LEONCAVALLO-FLEMING** FIRST NAME **IAN** MIDDLE INITIAL **G**STREET NEW ADDRESS **1417 94TH DR SE**CITY **LAKE STEVENS** ST **WA** ZIP **982586620**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **LEONCIG053JZ** STATE **WA** SEX **M** D.O.B. **04** - **09** - **1995**ON DUTY ☐ STATUS **3** AIRBAG **4** RESTR. **1** EJECT **2** HELMET USE **1** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AXW9644** STATE **WA** VIN# **1G3NL52T31C257249**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **OLDS** MODEL **ALE4D** STYLE **VEHICLE TOWED** YES ☐ NO ☒ TOWED BY **GOVT. VEHICLE** YES ☐ NO ☒REGISTERED OWNER INFO. **IAN LEONCAVALLO FLEMING 1417 94TH DR SE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **ESURANCE PAWA4982158**VEHICLE LEGALLY STANDING ☐ YES ☐ NO ☐ CITATION # **CHARGE** **NEGLIGENT DRIVING 2ND DEGREE**UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONELAST NAME **UNKNOWN** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. **MMDDYYYY** - -ON DUTY ☐ STATUS **9** AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIESLICENSE PLATE # **B45481Z** STATE **WA** VIN# **1FTNX21F1YEA84506**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **FORD** MODEL **PU** STYLE **TR** **VEHICLE TOWED** YES ☐ NO ☒ TOWED BY **GOVT. VEHICLE** YES ☐ NO ☒REGISTERED OWNER INFO. **CEDAR INC PO BOX 2883 EVERETT WA 98213**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **FARMERS 188118894**VEHICLE LEGALLY STANDING ☐ YES ☐ NO ☐ CITATION # **CHARGE**OFFICER'S NAME (PRINT) **B. FISKE #0138** BADGE OR ID # **0138** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 4


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E623026**CASE # **2016-00025267**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

V1 was traveling northbound on 94th Dr SE approaching a curve that veers left onto 16th Pl SE. V1 was unable to make the turn around the curve due to excessive speed and wet conditions. V1 struck a basketball hoop on the property of 1619 94th Dr SE. V1 then struck a tree on the same property. V1 then struck V2, which was parked in the cul-d-sac on 94th Dr SE.

I arrived and contacted the driver of V1. He was identified as Ian Leoncavallo-Fleming. Ian stated he was not hurt but was shook up because he has anxiety issues. Ian said he was going approximately 35mph. Ian provided me with his license, registration, and proof of insurance.

I was unable to contact the registered owner of V2 but the information for the truck was entered into the report for the owner.

I obtained video surveillance from the collision which shows the collision. Based on the evidence, including the surveillance video, I issued an NOI for negligent driving to Ian Leoncavallo-Fleming. The NOI will be mailed to him.

A copy of the video will be placed into evidence at Lake Stevens Police Department.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
12-21-16 08:15 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

12/21/2016 8:46:09 PM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

3:54 PM

TIME POLICE ARRIVED

4:00 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E623026
CASE # 2016-00025267
COMMERCIAL MOTOR CARRIER
INTERSTATE ☐INTRASTATE ☐
UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS
UNIT #

3

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐☒DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 2064652408

LAST NAME

AALBU

FIRST NAME

COURTNEY

MIDDLE INITIAL

M

STREET NEW ADDRESS

1619 94TH DR SE #A

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

F

D.O.B. MMDDYYYY

06

-

09

-

1980

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

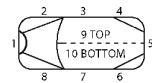
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


UNIT #

3

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐☒DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

-

-

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

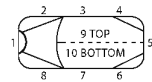
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
12-21-16 08:15 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

0138

ORI #

WA0311900

APPROVED BY
MINERDATE
12/21/201

PAGE 3

OF 4

REPORT NO. E623026

CASE # 2016-00025267

DATE AND TIME
OF COLLISION 12/19/16 15:54

